



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 06 2024

BY 1073

1. Entity ID Number <u>001712973</u>		2. Exact name of the Corporation <u>Home Inspections by JML, Inc.</u>	
3. Principal Office Address <u>11 Owen Avenue</u>		City <u>Pawtucket</u>	State <u>RI</u>
		Zip <u>02860</u>	
4. NAICS Code <u>531390</u>	6. Brief description of the character of business conducted in Rhode Island <u>Home Inspections</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Joshua M LeBeau</u>		Vice-President Name <u>Michelle C LeBeau</u>	
Street Address <u>11 Owen Avenue</u>		Street Address <u>11 Owen Avenue</u>	
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>Pawtucket</u>
			State <u>RI</u>
			Zip <u>02860</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>100</u>	<u>Common</u>
			<u>01</u>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Representative <u>Michelle C LeBeau</u>		Date <u>2-1-24</u>	
Signature of Authorized Representative <u>Michelle C LeBeau</u>			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023